EXHIBIT C

Defendants' Expert Disclosure of Dwayne Accardo

Expert Witness Report

Daniel Lovelace and Helen Lovelace, Individually, and as Parents of Brett Lovelace, deceased v. Pediatric Anesthesiologists, P.A., Babu Rao Paidipalli, M.D. and Mark Clemons, M.D., No. 2:13-cv-02289 dkv, United States District Court for the Western District of Tennessee, Western Division at Memphis

April 28, 2014

I have been asked to review the medical records, depositions and discovery documents in the above referenced case to provide an opinion regarding whether the anesthesia care provided to Brett Lovelace met the recognized standard of acceptable professional practice for anesthesia providers in this community as it existed in March 2012.

Qualifications:

My Curriculum Vitae outlining my education, training and experience is attached. Prior to becoming a CRNA I was a PACU nurse so I am familiar with the interplay between anesthesia staff and PACU nursing from both sides. I am familiar with the recognized standard of acceptable professional practice for anesthesiology treatment and care and post-op anesthesia care of pediatric patients in Memphis, Shelby County, Tennessee as it existed in March 2012.

Compensation:

I am being compensated at a rate of $200 per hour for reviewing the records and drafting this report. I will be compensated at a rate of $250 per hour plus expenses for testifying at trial. The compensation is based solely upon the hours worked on the case and is not contingent on my conclusions or the outcome of the litigation.

Prior Cases:

In the past 4 years I have testified in the following cases:

Mary Stanley v. Anesthesia Consultants Exchange, et. al, Docket No. 10-C-1282; Circuit Court of Hamilton County, Tennessee. In that case I was an expert for the Defendant. I gave a discovery deposition and testified live a trial.

Charles Martin v. Melissa LeFave and Anesthesia Specialists, Docket No. 6686, Circuit Court of Tipton County, Tennessee. Expert for Defendants. In that case I gave a discovery deposition.

Willie Mann v. Delta Medical Center, et. al., Docket No.: CT-004799-08, Circuit Court of Shelby County, Tennessee. Expert for Plaintiff. In that case I gave a discovery deposition.

Sources of Information:

In forming my opinions, I have relied upon the medical records of Brett Lovelace from his March 12, 2012 hospitalization at Lebonheur Children's Medical Center, the depositions of the parties, opinions of plaintiffs' experts, discovery, and pleadings as well as my education, training and experience in providing anesthesia care to patients like Brett Lovelace over the course of my career.

To the extent new information becomes available in this case, I reserve the right to modify or add to this opinion.

A. Factual Background

On March 12, 2012, Brett Lovelace underwent a tonsillectomy and adenoidectomy performed at Lebonheur Children's Hospital by ENT specialist, Dr. Mark Clemons. Dr. Rao Paidipalli provided anesthesia care. At the conclusion of the surgery, Dr. Paidipalli extubated Brett at which time the patient was awake and ventilating adequately. He was then transferred from the operating room to the PACU by Grace Freeman, CRNA. During or shortly after transfer to the PACU, Brett moved himself to a prone position. Ms. Freeman assessed Brett's vital signs and oxygen saturation in the PACU before handling over care to the PACU nurse. When Ms. Freeman left the PACU, the patient was stable, breathing normally and resting comfortably.

B. Opinions

It is my opinion that the anesthesia care provided by Dr. Paidipalli and Pediatric Anesthesiologists, P.A. conformed to the recognized standard of acceptable professional practice for anesthesiologists and CRNA's practicing in Memphis, Shelby County, Tennessee in March 2012. It is further my opinion that the PACU nurse, Kelly Kish, grossly deviated from the standard of care by failing to monitor the patient properly and by failing to notify the anesthesia team when there was a problem with the patient's respiratory status.

PACU nurses are specifically trained to monitor and care for patients post-anesthesia. That is their function. They must be qualified to work in a PACU. Such qualifications include being ACLS certified, and, in a pediatric setting, PALS certified. The job of the PACU nurse is to monitor the patient as they fully awaken from anesthesia and to notify anesthesia if any problems arise. It is this not the standard of care in this community for a CRNA or anesthesiologist to remain with a patient in the PACU. PACU's are staffed by nurses not CRNA's.

It is my opinion that Brett was appropriately monitored in the operating room. The method of extubation (awake extubation) performed by Dr. Paidipalli was appropriate and complied with the standard of care for extubating of an obese child undergoing a tonsillectomy. If Dr. Paidipalli had chosen to perform a deep extubation, that would have complied with the standard of care as well. It is a judgment call on the part of the anesthesia provider as to which method to choose.

The medical records and deposition testimony of Dr. Paidipalli indicate that the patient was awake and breathing well. He was able to follow commands to open his eyes and take a deep breath, which indicates the patient was awake enough to be extubated. If Brett Lovelace was able to turn himself to a prone position during transfer that shows he was awake. Pediatric patients do not move to a prone position unless they are awake. Brett Lovelace was awake and ventilating adequately after being extubated.

The standard of care then requires, as was done here, that the patient be transferred to the PACU to fully recover from the anesthesia. It is my opinion, based upon the medical records, that Brett Lovelace was in stable condition at the time Grace Freeman, CRNA turned the patient's care over to the PACU nurse. It is further my opinion that Brett was appropriately assessed by the CRNA, Grace Freeman prior to her leaving the PACU. She documented that Brett was awake without difficulty with spontaneous ventilation and his vital signs were stable. She further documented his O2 sats remained at 100% and his vital signs were still stable when she turned over care to the PACU nurse, Kelly Kish. It is my opinion that the Grace Freeman, CRNA adequately transferred care to the PACU nurse and remained with the patient as long as was medically necessary and in compliance with the standard of care. The standard of care does not require continuous anesthesia supervision of patients in the PACU.

If Brett turned himself to a prone position either shortly before or shortly after the time of transfer of the patient to PACU, it was not a deviation from the standard of care for the CRNA to allow the patient to remain in a prone position. As long as the patient is comfortable and the vital signs are stable, the prone position is an acceptable position for a post-tonsillectomy patient. It is not unusual for a patient to reposition himself to a prone position after extubation and it is not a deviation from the standard of care to allow a patient to remain in the prone position following extubation.

It is my opinion that Kelly Kish, the PACU nurse failed to properly monitor Brett resulting in the failure to detect the breathing problems he began to experience in PACU, and failed to notify anesthesia of a problem, resulting in the unfortunate outcome in this case. The medical records show a deterioration of the patient's condition and a failure to act on the part of the PACU nurse. The deviations from the standard of care by the PACU nurse are not attributable to Pediatric Anesthesiologists, P.A. since the patient was in stable condition at the time of transfer of the patient from Pediatric Anesthesiologists, P.A. personnel to the PACU hospital nurse and the anesthesia team.
I strongly disagree with the opinions of the plaintiff's anesthesiology expert, Jason Kennedy, M.D. Specifically I disagree with Dr. Kennedy's opinion that the defendants failed to appropriately insure that Brett had fully emerged from and recovered

appropriately from the anesthetic prior to removal of the endotracheal tube. Tidal volumes are not good indicators of a patient breathing spontaneously (as opposed to being on a ventilator). The tidal volumes are not going to be accurate for awake extubation because the ET cuff is down and there is no seal. The patient, therefore, is pulling air from inside the tube and around the tube causing unreliable readings of tidal volumes on the monitor.

I also disagree with Dr. Kennedy's opinion about the CO2 level. The CO2 level for a normal patient is in the 35-45 range. For a patient like Brett, who is obese and has sleep apnea, CO2 retention occurs and readings in the 50's are normal for this patient population. In other words, hypercarbia is the norm for a patient who is obese with sleep apnea. It is not unusual for a patient under anesthesia to have a CO2 level in the 50's before they are fully awake. It was appropriate and within the standard of care to extubate Brett Lovelace at the time Dr. Paidipalli extubated him.

I further disagree with Dr. Kennedy's suggestion that Brett's initial arterial blood gas (ABG) recording a pH of 6.70 measured after Brett coded has any relevance to what occurred in the operating room. By the time the ABG's were drawn it was already too late. It is expected that you would see lactic acidosis at the time of the code. Dr. Kennedy's opinions using the ABG's to form a conclusion on what the initial CO2 would have been at an earlier point in time is mere speculation and conjecture.

I disagree with Dr. Kennedy's opinions regarding oxygen supplementation in the PACU. The recognized standard of acceptable professional practice in this community does not require that a patient be sent to the PACU on supplemental oxygen. In fact, the greater majority of patients do not receive supplemental O2 in route. The only time supplemental oxygen is mandated by the standard of care is when the patient is not maintaining their SATs in the OR. Here, Brett's oxygen saturation at the time he left the OR, when he arrived in the PACU, and when CRNA Freeman left the PACU, was 100%. Therefore, the anesthesia team complied with the standard of care in all respects with regard to monitoring the patient's oxygen level. The records indicate that Grace Freeman sent the patient to the PACU with a Jackson Reese O2 delivery system, which can provide "blow by" oxygen (a tube blowing oxygen by his face). As stated above, the standard of care does not require that a patient receive supplemental oxygen in route to the PACU. The fact that the CRNA sent him to the PACU with the Jackson Reese is over and above what is required by the standard of care.

C. Conclusion

All of the care and treatment provided to Brett Lovelace by Dr. Paidipalli and Grace Freeman, CRNA complied with the recognized standard of professional practice in Memphis, Shelby County, Tennessee in March 2012.

Dwayne Accardo, CRNA

CURRICULUM VITAE

NAME: DWAYNE L. ACCARDO
EDUCATION:

Undergraduate:
Hinds Community College - 1991-1993 - Associate of Arts (December 1993)
University of Mississippi- 1994 - 1995 - Bachelor of Science in Nursing (December 1995)
Graduate/Professional School:
Webster University 1998 – 2001 - Master of Science in Nurse Anesthesia (March 2001)
University of Tennessee 2006 – 2007 – Doctorate of Nursing Practice (December 2007)

HONORS/AWARDS:
Honorary Organizations
Undergraduate:
Who's Who Among Students In American Universities And Colleges 1994-1995
Deans list University of Mississippi 1994-1995
National Deans list 1995-1996.
Graduate:
Who's Who Among Students In American Universities And Colleges 1999-2000
Helen Lamb Clinical Achievement recipient 2001
Sigma Theta Tau International – 2007

Recipient 2011 UTHSC Student Government Association Excellence in Teaching Award

BOARD CERTIFICATION:
National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) - April 2001

LICENSURE:
Nursing – Tennessee, RN0000129678 — Current
Nursing – Tennessee, APN 0000010349 -- Current

SOCIETY MEMBERSHIPS:
Sigma Theta Tau International – Beta Theta-at-Large Chapter
Tennessee Association of Nurse Anesthetists
Association of Women's Health, Obstetrics and Neonatal Nurses

UNIVERSITY (AND COLLEGE) APPOINTMENTS:
Assistant Professor and Associate Program Director, Nurse Anesthesia Option, University of Tennessee Health Science Center, College of Nursing, Memphis, TN, January 2008 – Present
Instructor, University of Tennessee Health Science Center, College of Nursing, Memphis, TN, January 2006 – December 2007

HOSPITAL/CLINICAL APPOINTMENTS:
Methodist LeBonheur Healthcare – CRNA/Allied Staff Active, August 2002 - Present
Baptist Healthcare Systems – CRNA/Allied Staff Inactive, January 2001 – January 2008
Regional Medical Center – CRNA/Allied Staff Inactive, Sept. 2001 – December 2005
Mississippi Baptist Medical Center – RN Inactive, January 1996 – August 1998

PRACTICE/PROFESSIONAL EXPERIENCE:

Medical Anesthesia Group – 2002 – Present
Regional Medical Center 2001 -- 2005
Metropolitan Anesthesia Associates – 2004 – 2008

TEACHING EXPERIENCE:

Winter Spring 2006
Pharmacology II: Anesthesia: PHAR 828 – 4 credits – 25 students – Course director
Summer Fall 2006
Principles of Anesthesia Practice III, ANES 870 – 2 credits – 25 students – Course director
Winter Spring 2007
Pharmacology II: Anesthesia: PHAR 828 – 4 credits – 13 students – Course director
Summer Fall 2007
Principles of Anesthesia Practice III, ANES 870 – 2 credits – 13students – Course director
Winter Spring 2008
Pharmacology II: Anesthesia: PHAR 828 – 4 credits – 15 students – Course director
Summer Fall 2008
Principles of Anesthesia Practice III, ANES 870 – 2 credits – 13 students – Course director
Winter Spring 2009
Pharmacology II: Anesthesia: PHAR 828 – 4 credits – 19 students – Course director
Summer Fall 2009
Principles of Anesthesia Practice III, ANES 870 – 2 credits – 19 students – Course director
Winter Spring 2010
Pharmacology II: Anesthesia: PHAR 828 – 4 credits – 19 students – Course director
Summer Fall 2010
Principles of Anesthesia Practice III, ANES 870 – 2 credits – 19 students – Course director
DNP Pharmacology I: Anesthesia: PHAR 831 -- 4 credits – 15 students – Course director
Winter Spring 2011
DNP Pharmacology II: Anesthesia: PHAR 832 -- 4 credits – 15 students – Course director
Summer Fall 2011
DNP Pharmacology I: Anesthesia: PHAR 831 – 4 credits – 15 students – Course director
Winter Spring 2012
DNP Pharmacology II: Anesthesia: PHAR 832 – 4 credits – 15 students – Course director
Principles of Anesthesia Practice III, ANES 882 – 2 credits – 15 students – Course director
Summer Fall 2012
DNP Pharmacology I: Anesthesia: PHAR 831 – 4 credits – 18 students – Course director
Winter Spring 2013
DNP Pharmacology II: Anesthesia: PHAR 832 – 4 credits – 18 students – Course director
Principles of Anesthesia Practice III, ANES 882 – 2 credits – 18 students – Course director
Summer Fall 2013
DNP Pharmacology I: Anesthesia: PHAR 832 – 4 credits – 16 students – Course director

Winter Spring 2014

DNP Pharmacology II: Anesthesia: PHAR 832 – 4 credits – 16 students – Course director

Principles of Anesthesia Practice III, ANES 882 – 2 credits – 17 students – Course director

VISITING PROFESSORSHIPS AND INVITED LECTURES:

Webster University, St. Louis, MO – Keynote Speaker, March 8, 2008

Lower Alabama Continuing Education, Gulf Shores, AL – Lecturer, June, 2010

Tennessee Association of Nurse Anesthetists, Murfreesboro, TN – Lecturer, October, 2011

Lower Alabama Continuing Education, Gulf Shores, AL – Lecturer, March, 2012

Lower Alabama Continuing Education, Huntsville, AL – Lecturer, March, 2012

Baxter Pharmaceuticals Lecturer

Cadence Pharmaceuticals Lecturer

Tennessee Association of Nurse Anesthetists, Murfreesboro, TN – Lecturer, October 2012

Lower Alabama Continuing Education, Huntsville, AL – Lecture, November, 2013

Lower Alabama Continuing Education, Gulf Shores, AL – Lecturer, June, 2014

EDITORIAL APPOINTMENTS:

Chapter Review Management of Pain During Birth in Contemporary Maternal – Newborn Nursing Care: Princeton Hall Books, August 2007

Anesthesia Evidence-Based Guideline Revision Team -- Association of Women's Health, Obstetrics and Neonatal Nurses

Chapter Author, Anesthesia Pharmacology—Essential Pharmacology for Nurses, Ongoing

COMMITTEES AND OFFICES HELD:

Education Committee – Tennessee Association of Nurse Anesthetists

District I Director—Tennessee Association of Nurse Anesthetists, 2008-2010, 2010-2012

Education Chair – Tennessee Association of Nurse Anesthetists, 2012-2013